

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7		6		6		
8		7		7		
9		8		8		
10		9		9		
11	1		1			
12		1		1		
13		2		2		
14		3		3		
15		4		4		
16		5		5		
17		6		6		
18		7		7		
19		8		8		
20		9		9		
21		10		10		
22		11		11		
23		12		12		
24		13		13		
25		14		14		
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27		16		16		
28		17		17		
29		18		18		
30		19		19		
31		20		20		
32		21		21		
33		22		22		
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35		24		24		
36		25		25		
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42		31		31		
43		32		32		
44		33		33		
45		34		34		
46		35		35		
47		36		36		
48		37		37		
49		38		38		
50		39		39		
TOTAL IND.		↓	12	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						